



Insurance Carrier Certification of Group Insurance Policy

Purpose of the Form

- Use this form to certify eligibility of a group insurance policy for payment of retirees' premiums by PERSI.

Instructions

- 1 Complete *Insurance Carrier Information*. If payment mailing address is a P.O. Box, provide a street address in the Physical Location Address section for delivery of payments by courier or other package delivery service (for use when urgent delivery is necessary).
- 2 Read Terms of Agreement between Insurance Carrier and PERSI and place a checkmark in the box for each item.
- 3 Complete *Certification of Insurance Carrier* (by an officer of the company or corporation).
- 4 Attach a copy of the policy or the ID-FF, *Idaho Filing Submission Documentation Form* and evidence of adoption by Idaho's Department of Insurance.
- 5 Return this form and attachments to PERSI.

Insurance Carrier Information			
Legal Name of Insurance Carrier			Federal EIN#
Payment Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Physical Location Address	Street Address		
	City	State	Zip Code
Business Phone Number Area Code		Phone Number	Fax Number
Contact Name		Contact E-Mail Address	
<input type="checkbox"/> PERSI will send a printed report of names, policy numbers, and payment amounts with payments sent by mail. Mark this check box to also receive the report in electronic format. (Contact PERSI for options.)			

Terms of Agreement between Insurance Carrier and PERSI
<input type="checkbox"/> Insurance Carrier certifies that all premiums are qualified group health, dental, vision, long-term care, prescription drug or life insurance premiums.
<input type="checkbox"/> Insurance Carrier will accept one payment for premiums of multiple retirees accompanied by an itemized report showing name, policy number and payment amount for each retiree.
<input type="checkbox"/> PERSI's only responsibility regarding this insurance agreement is to deduct and remit the premium payments as directed by the insured member.
<input type="checkbox"/> Insurance Carrier agrees to promptly notify PERSI of any changes in the applicable premiums, including but not limited to, termination of the policy, and agrees to promptly return any overpayments to PERSI.

Certification of Insurance Carrier	
I certify that I am an officer of the above named insurance carrier authorized to bind the company or corporation in this matter and hereby agree to abide by the terms of agreement stated above:	
Name	Title
Signature	Date

